



# NOTICE OF INTENT (NOI)

for Arizona Pollutant Discharge Elimination System  
(AZPDES) Small Municipal Separate Storm Sewer  
System (MS4) General Permit  
(AZG2016-002)

Regulated small Municipal Separate Storm Sewer Systems (MS4s) must submit a Notice of Intent (NOI) to the Arizona Department of Environmental Quality (ADEQ) to obtain MS4 general permit coverage. Permittees must complete a NOI form and submit the original, ink-signed document to the address below:

Arizona Department of Environmental Quality  
Surface Water Section/ Stormwater & General Permits Unit (5415A-1)  
1110 West Washington Street  
Phoenix, AZ 85007

## A. SMALL MS4 INFORMATION

Legal Name of Municipality or Organization:  
Click here to enter text.

Choose one:

☐

Existing Permittee

☐

New Permittee

Operator Type:

Mailing Address:

Click here to enter text.

County:

Click here to enter text.

City:

Click here to enter text.

State:

Click here to enter text.

Zip Code:

Click here to enter text.

Latitude/ Longitude at approximate geographic center of MS4 (D/M/S):  
Click here to enter text.

## B. PRIMARY MS4 PROGRAM MANAGER CONTACT PERSON

Name:

Click here to enter text.

Title:

Click here to enter text.

Department:

Click here to enter text.

Mailing Address:

Click here to enter text.

City:

Click here to enter text.

State:

Click here to enter text.

Zip Code:

Click here to enter text.

Phone Number:

Click here to enter text.

Fax Number:

Click here to enter text.

Email Address:

Click here to enter text.

Has another governmental entity agreed to satisfy any of your permit obligations?

☐

Yes

☐

No

If "yes" to the above question, name the other governmental entity and describe the agreement(s) between entities:

Click here to enter text.

C. BILLING INFORMATION		
Same as Primary MS4 Program Manager Contact Person Information? If "yes," proceed to Section D.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: Click here to enter text.	Title: Click here to enter text.	
Department: Click here to enter text.		
Mailing Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.
Phone Number: Click here to enter text.	Fax Number: Click here to enter text.	Email Address: Click here to enter text.
D. ENFORCEMENT AUTHORITY OR OTHER MECHANISM		
Illicit Discharge Detection and Elimination (IDDE) Enforcement Authority or other mechanism established?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe IDDE Enforcement Authority or other mechanism: Click here to enter text.		
Name of Enforcement Authority or other mechanism: Click here to enter text.		Effective Date or Estimated Date of Adoption: Click here to enter a date.
Construction Site Stormwater Runoff Enforcement Authority or other mechanism established?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Construction Site Stormwater Enforcement Authority or other mechanism: Click here to enter text.		
Name of Enforcement Authority or other mechanism: Click here to enter text.		Effective Date or Estimated Date of Adoption: Click here to enter a date.
Post-Construction Stormwater Management Enforcement Authority or other mechanism established?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Post-Construction Enforcement Authority or other mechanism: Click here to enter text.		
Name of Enforcement Authority or other mechanism: Click here to enter text.		Effective Date or Estimated Date of Adoption: Click here to enter a date.

E. MAPPING COMPONENTS				
1. Stormwater Sewer Mapping (including roads with drainage system, municipal streets, catch basins, curbs, gutter, ditches, man-made channels, or storm drains that are owned or operated by the permittee and convey stormwater to Waters of the US)			Percent Complete at time of NOI submission	
If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Stormwater Sewer Mapping: Click here to enter text.				
2. Outfall Mapping			Percent Complete at time of NOI submission	
If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Outfall Mapping: Click here to enter text.				
3. Identification of Receiving Waters (names and locations of all the Waters of the US that receive discharge from those outfalls)			Percent Complete at time of NOI submission	
If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Receiving Water Identification: Click here to enter text.				
F. SUMMARY OF RECEIVING WATERS				
Does the MS4 have outfalls that discharge to Waters listed in A.A.C. R18-11 Article 1, Appendix B?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" the MS4 discharges to receiving water(s) listed in A.A.C. R18-11 Article 1, Appendix B, then the following section must be completed. If "no" discharges occur to receiving water(s) listed in A.A.C. R18-11 Article 1, Appendix B, then the following section does <u>not</u> need to be filled out, proceed to Section G. If you answer "yes," the receiving water segment is Impaired, Not-Attaining or an Outstanding Arizona Water (OAW), you must also complete Part H.3- Impaired, Not-Attaining and OAWs and BMPs.				
Identify Appendix B surface water(s) that receives discharge(s) from the MS4	Number of outfalls discharging to receiving water?	Is the receiving water listed as an Impaired, Not-Attaining or OAW (choose one)?	List Pollutant(s) causing the Impairment(s):	Does the receiving water have a TMDL?
Click here to enter text.		Choose an item.	Click here to enter text.	
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## G. STORMWATER MANAGEMENT PROGRAM (SWMP) SUMMARY

### G-1. MCM 1: Public Education and Outreach

For MCM 1- Public Education and Outreach, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP, including the targeted audience such as commercial, construction, industrial or residential for MCM 1. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies) and include the Targeted Audience	Start Date (MM/YY) (enter your own text to override the drop down menu)
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
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Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.

### **MCM 1: Public Education and Outreach**

Use this space to add any additional information for MCM1:

[Click here to enter text.](#)

## G-2. MCM 2: Public Involvement and Participation

For MCM 2- Public Involvement and Participation, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measurable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
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Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.

## **MCM 2: Public Involvement and Participation**

Use this space to add any additional information about MCM2:

[Click here to enter text.](#)

### G-3. MCM 3: Illicit Discharge Detection and Elimination (IDDE) Program

For MCM 3- Illicit Discharge Detection and Elimination (IDDE) Program, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
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Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.



### **MCM 3: Illicit Discharge Detection and Elimination (IDDE) Program**

Use this space to add any additional information about MCM3:

[Click here to enter text.](#)

#### G-4. MCM 4: Construction Activity Stormwater Runoff Control

For MCM 4- Construction Activity Stormwater Runoff Control, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
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#### **MCM 4: Construction Activity Stormwater Runoff Control**

Use this space to add any additional information about MCM4:

[Click here to enter text.](#)

### G-5. MCM 5: Post-Construction Stormwater Management in New Development and Redevelopment

For MCM 5- Post-Construction Stormwater Management in New Development and Redevelopment, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
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## **MCM 5: Post-Construction Stormwater Management in New Development and Redevelopment**

Use this space to add any additional information about MCM5:

[Click here to enter text.](#)

## G-6. MCM 6: Pollution Prevention and Good Housekeeping

For MCM 6- Pollution Prevention and Good Housekeeping, Insert the Facility Name applicable to the MS4. Use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection. For those BMPs that are not Facility specific, use the rows after the Facility Name inserts.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Insert Facility Name: Click here to enter text.			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Insert Facility Name: Click here to enter text.			
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Insert Facility Name: Click here to enter text.			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Insert Facility Name: Click here to enter text.			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Insert Facility Name: Click here to enter text.			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Insert Facility Name: Click here to enter text.			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Insert Pollution Prevention and Good Housekeeping BMPs that are not facility specific below			
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
Choose an item.	Click here to enter text.	Click here to enter text.	Choose an item.
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## **MCM 6 Pollution Prevention and Good Housekeeping**

Use this space to add any additional information about MCM6:

[Click here to enter text.](#)

<b>H. MONITORING</b>				
<b>1. DRY WEATHER VISUAL OUTFALL MONITORING</b>				
Has a dry weather visual discharge monitoring program been developed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the above answer is "yes," provide the actual date of implementation:			<a href="#">Click here to enter a date.</a>	
If the above answer is "no," provide estimated date of completion:			<a href="#">Click here to enter a date.</a>	
Estimated total number of municipal stormwater outfalls		Percent of total number of municipal stormwater outfalls to be monitored each year		
<a href="#">Click here to enter text.</a>				
<b>2.A VISUAL STORMWATER DISCHARGE MONITORING</b>				
Below identify a minimum of five outfalls or field screening points for the visual stormwater discharge monitoring program				
Outfall or field screening point identification number	Name of receiving water	Is the receiving water listed as an Impaired, Not-Attaining or OAW (choose one)?		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>		
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<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>		
<b>2.B VISUAL STORMWATER DISCHARGE MONITORING ALTERNATIVE</b>				
Are you proposing a visual stormwater discharge monitoring alternative?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" a visual stormwater discharge monitoring alternative is being proposed, provide a description of the proposed alternative and how the proposed alternative is as effective as, or is more effective than, visual stormwater discharge monitoring in the space below.				
<a href="#">Click here to enter text.</a>				
<b>3. IMPAIRED, NOT-ATTAINING AND OAW MONITORING AND BMPS</b>				
Part H.3 is to be completed only if the MS4 has outfalls that discharge to an Impaired, Not-Attaining or Outstanding Arizona Water (OAW), or a combination there of.				
Has a Sampling and Analysis Plan (SAP) been developed in accordance with permit Part 5.1.g?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the above answer is "no," provide an estimated date of completion for the SAP:			<a href="#">Click here to enter a date.</a>	
List each individual receiving water that is Impaired, Not-Attaining or an OAW that the MS4 discharges to	How many outfalls will be sampled?	List outfall ID or unique identification	List parameter(s) to be analyzed	Provide a description of how the selected BMPs will specifically address the pollutant(s) causing the impairments or how the BMPS will be protective of the OAW



Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.
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## I. NOTES AND ADDITIONAL INFORMATION

Use the space below to provide any additional information about the MS4 program.

Click here to enter text.

## J. FEES

Fill out either Part A for a New Permittee or Part B for an Existing Permittee. If a New Permittee, choose one check box below to indicate the MS4s population and applicable initial permit fee. Insert the total payment included with the NOI in the text box. If an Existing Permittee, choose one check box below to indicate the MS4s population. Note: The estimated MS4 population should be based on latest Decennial Census by the Bureau of Census.

### Part A

☐ New Permittee.

I confirm the correct fee payment is included with the NOI.

- ☐ <or = to 10,000: \$2,500  
☐ >10,000 but ≤ 100,000: \$5,000  
☐ > 100,000: \$7,500  
☐ Non-traditional MS4 such as hospital, college or military: \$5,000

Total fee payment included: Click here to enter text.

### Part B

☐ Existing Permittee.

No fee is required for NOI submission. You will continue to be invoiced on your current annual fee billing cycle.

- ☐ <or = to 10,000  
☐ >10,000 but ≤ 100,000  
☐ > 100,000  
☐ Non-traditional MS4 such as hospital, college or military

## K. CERTIFICATION

Pursuant to A.R.S. § 41-1030:

(1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.

(2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.

(3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.

I certify under penalty of law that I have met the eligibility conditions of this permit and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

<b>Printed Name:</b> Click here to enter text.	<b>Title:</b> Click here to enter text.
<b>Ink Signature</b>	<b>Date:</b>